

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22550
Do not use this space.

DESD JUL 24 1939

1. PLACE OF DEATH 2

(a) County Lewis Registration District No. 480

(b) Township Union Primary Registration District No. 5645 Registered No. 8

(c) City Lebanon, Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Nannie Taylor Lillard

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David G. Lillard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1865

7. AGE YEARS 73 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Mo.

FATHER 13. NAME Martin B. Taylor

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co., Mo.

MOTHER 15. MAIDEN NAME Rubens & Judy

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Mo.

17. INFORMANT (ADDRESS) D. Lillard

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE June 21, 1939

19. FUNERAL DIRECTOR (ADDRESS) A. N. Chambers

20. FILED June 20, 1939 W. B. Elton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to June 18, 1939

I last saw her alive on June 16, 1939. Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Occlusion Date of onset _____

Other contributory causes of importance: Hypertension

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harold G. Pullenier, M. D.

433 (Address) Canton, Mo.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1329

Date Filed JUL 21 1939

STATEMENT BY LICENSED EMBALMER

I, A. N. Chambers, Licensed Embalmer No. 3766

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed A. N. Chambers
Licensed Embalmer No. 3766

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)